

1.) CORPORATION NAME:

KETTERING UNIVERSITY

DUE DATE: **2/29/2012**

SCC ID NO: **F0425563**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

NATIONAL REGISTERED AGENTS INC

4001 North Ninth Street, Suite 227

ARLINGTON, VA 22203

5.) STOCK INFORMATION

CLASS

AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1700 UNIVERSITY AVE

CITY/ST/ZIP: FLINT, MI 48504-6214

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JACQUELINE A DEDO
TITLE: SECRETARY
ADDRESS: 1700 UNIVERSITY AVE
CITY/ST/ZIP/CO: FLINT, MI 48504-6214

☒

OFFICER

☒

DIRECTOR

NAME: SUSAN FLECKENSTEIN
TITLE: ASST SEC
ADDRESS: ASS'T TO PRES
CITY/ST/ZIP/CO: 1700 UNIVERSITY AVE
FLINT, MI 48504-6214

☒

OFFICER

☐

DIRECTOR

NAME: ROBERT K MCMAHAN
TITLE: PRESIDENT
ADDRESS: 1700 UNIVERSITY AVE
CITY/ST/ZIP/CO: FLINT, MI 48504-6214

☒

OFFICER

☒

DIRECTOR

NAME: CHARLES F KETTERING
TITLE: CHAIR
ADDRESS: 1700 UNIVERSITY AVE
CITY/ST/ZIP/CO: FLINT, MI 48504-6214

☒

OFFICER

☒

DIRECTOR

NAME: HENIO ARCANGELI
TITLE: DIRECTOR
ADDRESS: 1700 UNIVERSITY AVE
CITY/ST/ZIP/CO: FLINT, MI 48504-6214

☐

OFFICER

☒

DIRECTOR

NAME:	LIZABETH A ARDISANA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	MARY BARRA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	WALTER G BORST	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	BRUCE D COVENTRY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	GARY L COWGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	CORNELIUS DE KOKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	GREG DEVESON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	VINCENT DOW	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	PHILLIP C DUTCHER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	WILLIAM R HARTMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		

NAME:	DAVID S HOYTE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	LARRY R JOHNSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	HARRY A LOMASON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	JESSE LOPEZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	DANE A MILLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	JOHN MOYER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	CINDY NIEKAMP	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	CHRIS NIELSEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	ROBERT S OSWALD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	JEFFREY OWENS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		

NAME:	PAUL S PEABODY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	FRANK J PERNA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	J DONALD RICE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	STEVE SANGHI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	HEINZ SCHULTE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	RAYMOND SCOTT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	MARJORIE SORGE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	LYN ST JAMES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	RANDY STASHICK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
NAME:	DIANA TREMBLAY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	FLINT, MI 48504-6214		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

<u>/s/ SUSAN FLECKENSTEIN</u>	<u>SUSAN FLECKENSTEIN, ASST</u>	<u>2/13/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>SEC</u> PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		